

PERSONAL/MILITARY DATA

PERSONAL INFORMATION SHEET

NAME: _____ SSN: _____ RANK: _____ DATE ASSIGNED _____
INITIAL COUNSELING DATE: _____ 1SG/CDR INBRIEF DATE: _____
CSM/BN CDR INBRIEF DATE: _____ SECURITY CLEARANCE: _____
DATE OF LAST NCOER (ENDING MONTH): _____ NEXT NCOER DUE: _____
PULHES: _____ HT: _____ WT: _____ BLOOD TYPE: _____ DOB: _____
RELIGIOUS PREFERENCE: _____ GT: _____ PMOS: _____ SMOS: _____
ASI: _____ BPED: _____ BASD: _____ DEROS: _____ ETS: _____
DUTY POSITION: _____ PARA/LINE NUMBER _____ / _____
HISTORY OF: HEAT INJURY _____ COLD INJURY _____
LAST HIV TEST: _____ LAST DENTAL EXAM: _____ CAT: _____
CIVILIAN EDUCATION LEVEL: _____
MILITARY SCHOOLS: _____
MILITARY AWARDS: _____
CIVILIAN DRIVER'S LICENSE NUMBER: _____ STATE OF ISSUE: _____
POV TYPE AND MAKE: _____ LAST POV INSPECTION: _____
POV INSURANCE POLICY NUMBER: _____ EXPIRATION DATE: _____
MILITARY DRIVER'S LICENSE ISSUED: _____
TYPE OF VEHICLES LICENSED FOR: _____
COLD WEATHER DRIVER'S TRAINING DATE: _____
TYPE OF PERSONAL WEAPON ISSUED: _____
WEAPON SERIAL NUMBER: _____ RACK NUMBER: _____
PERSONAL WEAPON QUALIFICATION RATING: EXPERT / SHARPSHOOTER / MARKSMAN
WEAPON QUALIFICATION DATE: _____
PROTECTIVE MASK TYPE: _____ SIZE: _____ MASK NUMBER: _____
DATE MASK FITTED: _____ MOPP GEAR SIZE: TOP: _____ BOTTOM: _____
SHOES: _____ GLOVES: _____ GLASSES: YES / NO INSERTS: _____
MILITARY CLOTHING ISSUE INVENTORY DATE: _____
SHORT TERM GOALS (1-5 YEARS): _____
LONG TERM GOALS (5-10 YEARS): _____
HOBBIES: _____
MARITAL STATUS: SINGLE / MARRIED / DIVORCED / WIDOWED ANNIV DATE: _____
SPOUSE'S NAME: _____ NUMBER OF DEPENDENTS: _____
NUMBER OF COMMAND SPONSORED DEPENDENTS: _____
CHILDREN'S NAMES AND AGES: _____
TYPE OF QUARTERS: GOVERNMENT / GOVERNMENT LEASED / LOCAL ECONOMY
HOME PHONE NUMBER: _____ WORK PHONE NUMBER: _____
LOCAL ADDRESS: _____
NEXT OF KIN'S NAME: _____
NEXT OF KIN'S ADDRESS: _____
NEXT OF KIN'S PHONE NUMBER (INCLUDE AREA CODE): _____
NEXT OF KIN'S RELATIONSHIP: _____
HOME OF RECORD: _____